

for the formal written document to make it clear that I did not make any mistakes, and pending that, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant legislative clerk proceeded to call the roll.

Mr. GREGG. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. Madam President, I ask unanimous consent that when the Senate resumes consideration of the education bill on Wednesday, there be 20 minutes of debate on the Wellstone amendment equally divided with no amendments in order to the amendment. I further ask unanimous consent that following the use or yielding back of the time, the Senate proceed to a vote in relationship to the amendment. I further ask unanimous consent that following that vote, the Senate then begin consideration of the Collins amendment No. 509.

The PRESIDING OFFICER. Without objection, it is so ordered.

MORNING BUSINESS

Mr. GREGG. Madam President, I ask unanimous consent that there now be a period of morning business.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. GREGG. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant bill clerk proceeded to call the roll.

Mr. ENZI. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The Senator from Wyoming is recognized.

Mr. ENZI. I thank the Chair.

(The remarks of Mr. ENZI pertaining to the introduction of S. 984 are located in today's RECORD under "Statements on Introduced Bills and Joint Resolutions.")

Mr. ENZI. I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. SMITH of Oregon). The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. FRIST. Mr. President, I ask unanimous consent the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

THE HIV/AIDS VIRUS

Mr. FRIST. Mr. President, I rise to speak on the 20-year anniversary of a truly remarkable event which, at the

time, no one in the world would have envisioned its impact—its impact on people throughout the United States and on people throughout the world—indeed, its impact on impact. No one could have foreseen an impact which, from a public health perspective, has resulted in the single worst public health crisis since the bubonic plague ravaged Europe more than 600 years ago.

That event occurring 20 years ago today was the publication of a brief description of the first five cases of a disease that could not be explained. The five people mentioned happened to have been infected with a virus that had never previously been described, and which at the time had no name. The five people had been infected with what was later called the HIV virus, and they died of complications associated with AIDS.

It was a case study. It was published by the CDC. At the time I was a third year surgical resident at the Massachusetts General Hospital in Boston. I remember very vaguely 20 years ago those first case reports being talked about. And it was vague. It was obscure. Nobody had any idea because that virus had never been described in the history of mankind. Nobody had ever before talked about a virus with such power to destroy—to destroy cells, to destroy cellular function, to destroy life itself: the HIV/AIDS virus.

During my surgical residency, I was involved in operating every day. At the time, we had no earthly idea that this virus would infect much of our blood supply. No one knew that it would ultimately be transformed, 5 or 6 years later, into what became known as "universal precautions," where, for the first time, we began to treat all blood in the operating room as potentially infected or potentially toxic. We started to wear double gloves. We started to wear a mask when we operated. We took these precautions to protect ourselves—not our patients. This all occurred within a few years after these initial five cases were described. It changed the practice of medicine.

I had the opportunity earlier today to meet a wonderful person, a person whom I had previously only heard about. Her name is Denise Stokes. She has a wonderful voice and a wonderful story. The story was told to me and many others today.

Denise was infected with the HIV virus at the age of 13. Shortly after her infection was identified, she became active in the struggle against the virus. She described her many experiences in an intensive care unit. She described what it was like not to have access to available drugs. She talked about watching, in the depth of her illness, as policymakers talked about AIDS on television. She wondered whether at any point they would be able to respond to what has become the

largest, most significant public health challenge in our lifetimes, in the last century—perhaps in the history of the world.

She talked about saying a silent prayer that hopefully there would be a cure someday. She talked about her hopes that someday she, by sharing her experiences, could become a catalyst for ultimately discovering a cure for HIV/AIDS.

Denise helped to put a face on heterosexual HIV infection in the 1980s. She was instrumental in gaining access to African-American churches in the early 1990s. As I said, she was infected when she was 13 years old. She is now 31. She talks to college students, community groups, and professional organizations sharing her story, a story that is powerful, a story that puts a face on HIV/AIDS.

No one 20 years ago, or even 15 years ago, would have ever guessed that this disease would become the single worst public health crisis in over 700 years.

People ask: What do we think about this virus now 20 years later? The Kaiser Family Foundation, in a very recent survey, showed two things about Americans' thinking: No. 1, they see AIDS is the most urgent international health issue; and, No. 2, after cancer, Americans view HIV/AIDS is the most urgent health issue here at home.

And the American public is right on target. We have learned a great deal about this disease over the last 20 years. We know how to prevent it. We have fairly effective drugs and treatment therapies today for treating HIV and AIDS-related infections. They work in most cases if they are available and if they are taken properly.

Over the last 20 years—remember, this virus was not around 21 years ago—AIDS has become a very effective killer. About 8,000 people will die somewhere in the world today from this virus, this single little virus that 21 years ago, to the best of our knowledge, had killed no one.

Its impact has been tremendous. Consider the research field—speaking as a physician and medical scientist, I can say that in 1981 we had no drugs to treat this virus. About 6 years later, we had six or seven drugs. Now, we have about 65 drugs to treat this virus. In spite of that, as I said, it is killing about 8,000 people a day.

One thing that gives us some hope is the great boldness, the genius of our research industry—both the public sector through NIH and the private sector through the pharmaceutical companies—where there are today over 100 drugs in the pipeline to combat HIV/AIDS.

Our successes have been many. We have reduced the incidence of mother-to-child transmission thanks to counseling, voluntary testing, and AZT for pregnant women. New HIV infections have declined sharply. The Ryan White CARE Act, which originated in the